

REMARKS

I. Claim Rejections - §112

Claims 5, 18, 27 and 29 stand rejected under 35 USC § 112, second paragraph, as being indefinite for failing to point out and distinctly claim the subject matter which applicant regards as the invention. In response, claims 5, 18, 27 and 29 have been amended to more clearly set forth "the measured exploratory RCL." Accordingly, withdrawal of the rejection is respectfully requested.

II. Claim Rejections - §102

Claims 1 and 19 are rejected as being anticipated by the Sharma et al. publication 2004/0106956.

Sharma fails to disclose formulating an ATP regimen having ATP parameters defined as a function of a measured exploratory RCL and delivering the ATP regimen to the heart chamber. Sharma computes a normalized RCL value from a measured RCL. The normalized RCL is then used to discriminate between an episode as being VT or SVT. Nowhere does Sharma discuss modifying the ATP regimen applied when the episode was detected. Thus, Sharma publication does not anticipate and the rejection should be withdrawn.

Claims 1 and 19 are rejected as being anticipated by DeGroot (US 6,167,308).

DeGroot discloses a tiered therapy device wherein ATP therapy is first delivered and, if there is no increase in the RCL, the next scheduled therapy is delivered, which is either a new ATP regimen with different parameters or a high energy cardioversion shock. The new ATP regimen has predetermined (i.e., predefined) parameters; the device does not formulate a new ATP regimen having ATP parameters defined as a function of the measured exploratory RCL. Thus, DeGroot does not anticipate and the rejection should be withdrawn.

Claims 1 and 19 are rejected as being anticipated by Sowton et al. (US 4,312,356).

Sowton discloses a device that detects the onset of a tachycardia based upon the RR interval and in response delivers premature pulse with a delay from the R-wave that is a preset proportion of the RR interval. If the subsequent RR interval remains too short, then another premature pulse is delivered with a different delay time that is either a fixed time or a fixed percentage. The RR interval is again monitored. The procedure is repeated until the tachycardia is terminated. Nowhere does Sowton teach or suggest delivering an ATP sequence of pacing pulses and then measuring RCL from the last delivered ATP sequence pacing pulse to the next detected intrinsic depolarization. Sowton only monitors and measures the RR interval. Thus, Sowton also fails to formulate an ATP regimen having ATP parameters defined as a function of the measured RCL. Accordingly, Sowton does not anticipate and the rejection should be withdrawn.

III. Claim Rejections - §103

Claims 2-18 and 20-38 are rejected as being obvious from DeGroot in view of Sun et al. (US 6,400,986). The rejection is premised on DeGroot teaching to formulate an ATP regimen having ATP parameters defined as a function of a measured exploratory RCL. As discussed above, that characterization of DeGroot is in error. Accordingly, the obviousness rejection of claims 2-18 and 20-38 is necessarily flawed and should be withdrawn.

IV. Conclusion

Applicant submits that all claims are patentable over the prior art cited and that the application is in condition for allowance. An early action to that effect is courteously solicited.

Respectfully submitted,

April 12, 2006
Date

/Michael C. Soldner/
Michael C. Soldner
Reg. No. 41,455
(763) 514-4842
Customer No. 27581